

## **Resources to Help Low Income Families An Introduction for Health Care Providers**

Poverty affects 1/3 of Colorado's Children - 400,000 children

Compared to the general pediatric population, low income children experience the following health outcomes (compared to higher income children):

More serious illness (1.77 times)

More emergency room visits (1.85 times)

More hospitalizations (1.73 times)

Higher complication rates (1.78 times)

Higher death rates (1.67 times)

Compared to the general pediatric population, this condition causes:

Later diagnosis of serious illness

Poorer understanding of their chronic illnesses

Poorer access to specialized care for complicated illness

Lower immunization rates

Less preventive care in general

Lower compliance with medical treatment

Lower school attendance

### **Colorado is in the bottom 10<sup>th</sup> Percentile Among the States in Per Capita Spending On Health Care For Low Income Children**

Definition of poverty - Lack of sufficient income to live adequately by community standards

Federal Poverty Guidelines - used to determine eligibility for many federally supported programs

Federal Poverty Threshold – used by census bureau for statistical purposes

FPG - Originally, the amount of income needed to feed the members of a household without having to spend more than 1/3 of their income on food. Now, more complicated – food, shelter, and clothing. Considered to be an underestimate of “true” poverty.

What is Poverty?

- For a two parent / two child family, the threshold is \$19,000 annually which is what the average Wal-Mart employee makes, but that employee doesn't get health insurance as a benefit
- To be able to afford health insurance, you need more than \$ 40,000/year (which is close to the mean income in Colorado)
- Health insurance premiums can be \$8,000 to \$15,000 a year

### **Poverty and Children**

Official poverty rate in the US for children - 18%

But for a family to afford food, housing, clothing, utilities, child care, and transportation, and especially to afford health care, the family must be well over 200% of the FPL.

Children in families at or less than 200% FPL – 34%

Newborns born into families  $\leq$  200 % FPL – 40%

**2005 HHS Poverty Guidelines**

<b>Persons in Family Unit</b>	<b>48 Contiguous States and D.C.</b>
1	\$ 9,570
2	12,830
3	16,090
4	19,350
5	22,610
6	25,870
7	29,130
8	32,390
For each additional person, add	3,260

	% of all Coloradans	% of poor families
White, non-Latino	75%	35%
Latino	17%	47%
African-American	4%	10%
Other	4%	8%

A better definition of poverty: Lack of sufficient income and resources to live adequately by community standards

**Basic Resources**

Money

Food

Housing.....Home

Clothing

Transportation

Child Care

Safety...freedom from fear or violence

Manageable level of Stress

Education

Information

Health Care

A trusted source of advice, support, and role modeling

Love, caring

Role modeling,

Mentoring, advice, guidance

Help

Encouragement, positive reinforcement

Experience, success

### Community Services

Financial Aid - TANF	Legal Resources
Food Stamps	Domestic Violence Programs / Safe
WIC	houses
Food/Clothing/	Smoking
Housing/Utilities Assistance Banks	Developmental Evaluations
Parent Support	Medicaid
Mental Health	CHP+
Transportation	CICP
Child Care	

#### **Case:**

3 year old known asthmatic has had 2 ED visits for exacerbations in the past 2 month and three office visits for wheezing in past 2 months. Providers added Flovent, Singulair and Salmeterol. Gave 2 steroid bursts.

Mother changed PCPs. New PCP took social history. Over past the past 2 months:

Electricity shut off in apartment for 1 month

Then evicted

Went to live with relatives (3 smokers)

Car dies, took buses (winter months)

Family eating 1-2 meals a day

#### **Screening Questions**

Face-to-face > questionnaire

Conveys interest

Can observe reaction

At least once a year (at health maintenance visits

Develop routine

Who, how, when, where

Only ask if you are prepared to respond

#### **How to start**

“As a health care provider, I am not only interested in your child’s physical health. I am also interested in the whole child and the whole family. I ask all families several questions to see if there are ways our practice can be of help.

- “How are things at home these days?”
- “Who lives in your household?”
- “How is your (his, her) health?”
- “Are there any difficult stresses at home?”
- “Are there things you wish were different?”
- “What does your family need that would make things better?”
- “What do you need in terms of help or resources?”

## Money

### **Welfare reform legislation of 1996:**

#### **Personal Responsibility and Work Opportunity Reconciliation Act**

- Before: Aid to Families with Dependent Children (AFDC) established in 1935 as part of the social security act to aid single mothers.
- Now: Temporary Assistance for Needy Families (TANF). Federal money given as block grants to states, with incentives for the states to move people from welfare to work.

#### **Temporary Assistance for Needy Families (TANF)**

- Commonly known as welfare
- Monthly cash assistance program for poor families with children under age 18.
- Family of three (mother and two children) – qualifies if monthly income is below \$784 and assets are worth less than \$1000.
- Maximum benefit (family of 3) - \$357 benefit
- States decide what categories of needy families to help, counties administer and have a fair amount of latitude

#### **Application for TANF**

31 pages - over 200 questions

9 documents required

- Driver's license or birth certificate;
- Pay stubs;
- Letter showing money received from social security, SSI, VA, child support, etc.;
- Most recent rental agreement or letter from your landlord;
- Most recent mortgage statement;
- Utility bills, such as electricity, gas, and heating oil
- Cancelled checks for day care for your child;
- Medical bills that you pay (if you are 60 or older, or disabled); and
- Court order or cancelled checks for child support payments.

Application also applies for:

- Food Stamps
- Medicare/Medicaid
- Financial assistance

#### **The four purposes of TANF are:**

- assisting needy families so that children can be cared for in their own homes
- reducing the dependency of needy parents by promoting job preparation, work and marriage
- preventing out-of-wedlock pregnancies
- encouraging the formation and maintenance of two-parent families.

Teen Parent Live-at-Home and Stay-in-School Requirement  
Work Requirements – if child over 1 year old.

Education, training or working.  
Working within 24 months  
Individual Responsibility Contract.  
Counties have discretion.

Four-Year Time Limit – average length of time “on welfare” – 18 months.

Allowable activities:

orientation and assessment	parenting skills training
mental health evaluation and treatment	job search/job readiness activities
substance abuse evaluation	basic skills training
domestic violence therapy	GED classes
	and applying for needed services

More information on TANF for providers:

<http://www.cdhs.state.co.us/oss/tanfplan.html>

For families to apply - call their county department of social services

### **Working Family Assistance (WFA)**

- Denver County Child under 18
- Income  $\leq$  225% FPL
- Help with cash, child care, housing, transportation
- Can ask for help 3 times (twice in one year)
- Maximum benefit \$1,000 per request
- Denver Department of Human Services

### **Food**

- 11% of American households were food insecure
- not enough food for an active, healthy life for all household members at sometime during the year.
- 3.5% prevalence of food insecurity with hunger during the year.

### **Food Stamps**

EBT card (electronic benefit transfer)-- a plastic card similar to a bank debit card to transfer funds from a food stamp benefits account to a retailer's account.

Take card to a participating grocery store (at least one in every county)

Application – TANF

Apply at county Dept. Human Services.

Complicated system for determining eligibility

Application form – same as TANF

Interview

Employment Requirements similar to TANF

Households **CAN** use food stamp benefits to buy:

- breads and cereals;
- fruits and vegetables;
- meats, fish and poultry; and
- dairy products.
- seeds and plants which produce food for the household to eat.

Households **CANNOT** use food stamp benefits to buy:

- beer, wine, liquor, cigarettes or tobacco
- any nonfood items, such as:
  - pet foods;
  - soaps, paper products; and
  - household supplies.
- Vitamins and medicines.
- food that will be eaten in the store.
- hot foods

Local food stamp office – 1-800-221-5689 or 303-866-2536

[http://www.cdhs.state.co.us/edo/org/hs\\_counties.html](http://www.cdhs.state.co.us/edo/org/hs_counties.html)

**WIC Program** - (Women, Infants and Children)

**Population Served:** low-income, nutritionally at risk:

Pregnant women (through pregnancy and up to 6 weeks after birth or after pregnancy ends).

Breastfeeding women (up to infant's 1st birthday)

Non-breastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends)

Infants (up to 1st birthday).

Children up to their 5th birthday.

**WIC Eligibility: Income and "At nutritional risk"**

**Income** –

-At or below 185 percent of the U.S. Poverty Income Guidelines (currently \$34,873 for a family of four).

-Automatically eligible if qualify for Food Stamps, Medicaid, for Temporary Assistance for Needy Families.

**At "Nutrition risk"** –

-means that an individual has medical-based or dietary-based conditions. Examples of medical-based conditions include anemia, underweight, slow weight gain, "lack of resources," or history of poor pregnancy outcome. A dietary-based condition includes, for example, a poor diet. Usually determined at a WIC clinic.

**REFER ALL LOW INCOME INFANTS AND CHILDREN** – "They rarely say no"

Benefits:

-Supplemental nutritious foods

-Nutrition education and counseling at WIC clinics

-Screening (growth parameters and Hematocrit) and referrals to other health, welfare and social services

WIC services are provided: county health departments, hospitals, mobile clinics (vans), community centers, schools, public housing sites, migrant health centers and camps, Indian Health Service facilities

WIC Foods:

- The foods provided are high in one or more of the following nutrients: protein, calcium, iron, and vitamins A and C.
- Foods frequently lacking in the diets of the program's target population.
- WIC foods include
  - Infants: iron-fortified infant formula (Similac w/ iron, Isomil, Similac Lactose Free) and infant cereal
  - Children: iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried beans/peas, tuna fish and carrots.
  - Special therapeutic infant formulas (Nutramigen, Pregestimil, and Alimentum) and medical foods are provided when prescribed by a physician for a specified medical condition.

Nutrition Services

Colorado Department of Health  
FCHSD-NS-A4  
4300 Cherry Creek Drive, South  
Denver, CO 80246-1530  
telephone: (303) 692-2400  
toll-free in-state: 1-800-688-7777

fax: (303) 756-9926

email: William.Eden@state.co.us

website:

[http://www.cdphe.state.co.us/ps/wic/wic\\_hom.asp](http://www.cdphe.state.co.us/ps/wic/wic_hom.asp)

Food: Other Services

- The Commodity Supplemental Program (CSFP) -  $\leq 185\%$  FPL - residing in the following counties: Denver, Weld, Pueblo, Mesa, Rio Grande, Conejos and Costilla, if they are not eligible for (or already participating in) the WIC Program.
- National School Lunch Program – subsidy for schools to provide free lunch to low income children
- The Child and Adult Care Food Program (CACF) - in child care centers
- Charitable Institutions (CI) – surplus foods made available to charities to give out.

**Housing**

Low-rent housing: government provides funds directly to apartment owners, who lower the rents they charge low-income tenants.

To apply: Ask apartment manager

Public Housing is apartments for low-income people, operated by local housing agencies.

To apply: Contact county social services or public housing agency

Housing Choice Vouchers (formerly called "Section 8") the eligible individual finds own place to rent, using a voucher.

To apply – contact county social services or local housing agency.

Local rental programs - Your state and local governments may use HUD funds to create local rental programs. Contact state and county governments to find out.

Rural Rental Assistance Programs: Programs and Services in Federal Rental Housing:

**Section 8 - Rental housing assistance payment program**

Low income (income limits – tables change each year.)

Paying more than 50% of gross income for housing

Living in substandard housing

Involuntarily displaced (natural disaster)

Priorities

Families of 2 or more

Disabled

Seniors

Perform eight hours of community service each month (some exemptions: TANF)

Application – county dept. of social services

**Clothing**

Food, Clothing, Home and Utilities - Assistance BANKS

Available to those who qualify. The resource locations are located in all counties.

Just Call 211 – Information and Referral - or call the front desk and they will direct you to someone that can help. Or call: 303-433-8383

**Utilities**

**Energy Assistance**

LEAP – Low income Energy Assistance Program

Application through county social services

Colorado resident

Financial help, never pays full cost

Help with weatherizing house or furnace service

<u>Household size</u>	<u>Max Gross Monthly Income</u>
1	\$1,475
2	\$1,978
3	\$2,481
4	\$2,983
5	\$3,486
8	\$4,993 (nearly \$60,000)

**Transportation**

**LogistiCare Services**

Non-Emergency Medical Transportation (NEMT) for Colorado Medicaid recipients

LogistiCare Facility Line - 1-800-390-3182

### **Child Care**

When apply for TANF, there is complicated system for determining eligibility for additional money for child care

Colorado state law: must provide child care assistance to families earning less than 130 percent of the FPL level (income <\$1,504/ mo)

Most counties set cutoff between 144% and 185% FPL (\$2,139/mo)

However, may be approved but not enough money to do it.

### **Legal Problems**

“Is anyone in your household having legal problems?”

“Do you think you or anyone in your household might benefit from legal resource assistance?”

### **Legal Assistance**

Help for low-income Coloradans seeking civil legal information, including self-help legal information, where to find legal assistance, court information, and for other help available in your community. Colorado Legal Services, 1905 Sherman, Ste. 400, Denver, CO 80203. 303.837.1313 [www.ColoradoLegalServices.org](http://www.ColoradoLegalServices.org)

Legal advocates helping low-income individuals in civil legal matters. Membership is offered as a free benefit to civil legal aid attorneys, pro bono attorneys, law students and faculty and other legal aid advocates. [www.COAdvocatesForum.org](http://www.COAdvocatesForum.org)

For criminal matters, go to the Public Defender's website:

<http://www.state.co.us/defenders/index.html> Email: [defenders@state.co.us](mailto:defenders@state.co.us)

### **Emotional Support**

“Who in your life would be able to handle a situation like this well?”

“Who can and will help you with this situation?”

“Who really cares about you and is good at listening?”

“Do you feel like you would benefit from having someone to call when you feel like you need to talk to someone?”

### **Family Support Services**

Parent Support-line: Provide a listening ear for times when parenting is tough, and they have good referral information. Callers experience great comfort being able to discuss problems that appear overwhelming.

Trained volunteers are available 10 a.m. – 10 p.m. At other times, one can leave a message and someone will call them back with-in 24 hours.

PHONE: 303/695-7996

Conejos para familias- 1-800-527-3264

### **Domestic Violence**

- “As a pediatrician, I am interested in the safety of all family members.”
- Ask about fire detectors, firearms, electrical outlet covers
- “Do you feel your children are safe at home?” “Do you feel safe?”
- Have you been hurt or threatened at home?” Have your children been hurt at home or in your neighborhood?”

Document mother’s comments in chart  
Document discussion and recommendations  
Asses whether injury to, or risk to, child  
Acknowledge, empathize, support, express concern for safety  
Provide community resources (phone numbers)  
Help develop a plan for safety (see web sites, below)  
Refer child for counseling

Reporting: State Law

Mandatory

- Must report injury caused by a weapon
- Must report intentionally inflicted injury

Judgment call

- Imminent risk to child – age of child, degree of violence, ability of parent to protect
- When in doubt ask social worker or hotline

Domestic Violence Resources - Crisis Hotlines

National - 1-800-799-SAFE

Colorado phone numbers– <http://www.ccadv.org/numbers.htm>

Safe Houses and Shelters - <http://www.sboard.org/shelters/co.html>

### **Mental Health**

#### **Medicaid**

Access Behavioral Health Care (Denver County) 303504-1250

Behavioral Healthcare Inc.

Adams County 303/853-3500

Arapahoe County 303/617-2300

Aurora, Douglas Counties 303/779-9676

Foothills Behavioral Health

Boulder, Broomfield Counties - 303/443-8500

Gilpin, Jefferson Counties 303/425-0300

#### **CHP+ Carrier**

Colorado Access 720/751-9030

CHP+ Managed Care Network 800/334-6557

Denver Health 303/436-5622

Kaiser 303/338-3800

**Uninsured**

Samaritan Institute – 303-639-5240

**Substance Abuse**

“Is anyone in your household having trouble with alcohol?”

“Is anyone in your household having trouble with drugs?”

“Does anyone in your household smoke?”

“As you know smoking is bad for your child’s health.”

“Can I offer information on ways to stop smoking?”

**Alcohol and Drug Abuse**

All of the resources for Colorado are listed on  
<http://www.cdhs.state.co.us/ohr/adad/links.html>

**Smoking**

Quitline is a counseling service that connects people who want to quit smoking with trained counselors who can guide and support them through the quitting process. This service is available to anyone in the state in both English and Spanish.

QUITLINE: 1/800-639-QUIT E-MAIL: [co.quitnet.com](mailto:co.quitnet.com)

**Developmental Evaluations**

**Early Childhood Connections**

Birth to 3 years

Screening /developmental evaluation, based on parent or provider concern

No cost to family

Individualized Family Service Plan

–Developmental level

–Need for treatment or services

–Service coordinator

–Help in finding services

–Help in finding funding

–Prognosis

Each county has a service provider

Eligible:

Developmental delays:

–Language

–Hearing

–Motor

–Adaptive (cognitive)

–Social/emotional

Conditions normally associated with delays

–Chromosomal

–Congenital syndromes (like Spina Bifida)

–Metabolic (like PKU)

–Perinatal infections (Like HIV or CMV)

–Cerebral palsy

–Ex-preemies (less than 1200 grams)

-Attachment disorder  
Who pays for the treatment services?  
Health plan  
Community resources  
Family

The IFSP helps the family identify resources  
ECC -1-888-777-4041

**Child Find**

-3-21 years old  
-Through school district or 303-866-6943

## Health Care

### Case #1

A single mother of 2 children has been in your practice for a couple of years. Mother had health insurance at her last job, but was laid off.

Now works for Wal-Mart in a job that does not include health insurance. Your practice does not provide care for uninsured patients.

How can her insurance be paid for?

Medicaid – 0 to 133% of FPG

CHP+ - 133% to 200% of FPG

CICP – low income families missed by Medicaid and CHP+

Only it is a lot more complicated.....

### **Colorado Medicaid**

Federally- and state- funded, state run

50% federal funds and 50% state funds

### **General Eligibility Criteria**

Colorado Residency

US Citizenship

**Low income** and

#### **Pregnant Women**

(up to 133% FPG – family of 4 making <\$23,225/y) until 60 days after child is born or pregnancy is terminated

#### **Children and Teenagers**

Children 0-5 y.o. – up to 133% FPG

Children 6-18 y.o. – up to 100% FPG

Or if child is sick enough to need nursing home care, but could stay home with good quality care at home

Teenager living on his/her own

Adoption assistance or **foster care**.

Eligible for **SSI**

**Aged** (65 years old or older)

**Blind**

**Disabled**

**Terminally ill** and want to receive hospice services

Live in a **nursing home**

**Disabled and Mentally Ill adults**

Medicaid and CHP+ Application

Revised application now down to 8 pages

Still about 100 questions

6 documents required

**What is EPSDT?** Early Periodic Screening, Diagnosis and Treatment  
Medicaid's comprehensive and preventive child health benefits  
0-20 years  
Any "medically necessary" health care service

**Medicaid children must receive from their PCP the following services:**

- Unclothed, head-to-toe physical exam
- Mental/behavioral health screening
- Health history
- Developmental assessment
- Immunizations - Committee on Immunization Practices (ACIP) for pediatric vaccines)
- Nutritional assessment
- Vision and hearing screenings
- Health education and anticipatory guidance
- Maternity and family planning
- STD assessment
- Diagnosis, treatment and care coordination of acute and chronic conditions
- Lead screen assessment- at 12 months and 24 months of age.

**The PCP's Role**

It is what you routinely do

It is the regular care recommended by the AAP-

Bright Futures

Periodicity Schedule

The Medical Home

Plus lead screening

**In addition.....**

Referrals to specialists

Vision Services - At a minimum, includes diagnosis and treatment for defects in vision, including eyeglasses.

Dental Services – routine screening and care

Hearing Services -- At a minimum, include diagnosis and treatment for defects in hearing, including hearing aids

EPSDT is both

Health care benefits

Outreach – helping parents use the health services:

–Understand the health benefits

–Deal with the barriers

–Information about, help finding, a PCP

–Help getting to appointments

–Handling eligibility lapses

–Follow-up on missed appointments

More than 2

Medical urgency

Phone number:

Adams County 303-452-9547  
Aurora (Adams or Arapahoe) 303-341-9370  
Arapahoe, Douglas, & Elbert 303-761-1340  
Denver 303-436-8900

**Medicaid MCOs (HMOs) (Colorado Access and Denver Health) Cover**

- Preventive care
- Acute care
- Hospitalization
- Specialty care – CO Access no longer require prior authorization for most specialties

**Wrap Arouns**

Services not covered by the MCO, but covered by State Medicaid directly

- Dental care
- Mental Health
- Medical Transportation

**Wrap Arouns**

Require Prior Authorization Form (PAR) and letter of medical necessity

- Orthodontic care (only for severe or handicapping malocclusions)
- Private duty nursing
- Hospice
- Skilled nursing facility
- Certain special treatments, therapies
- Special appliances – like a hearing aid, a hospital bed at home

Case #2

Your patient is on Medicaid

He has hypotonia due to a rare muscular dystrophy, plus has severe cardiomyopathy with orthopnea. Mother has advanced MS. She requests an electric hospital bed for home

This Child Needs

- Require Prior Authorization Form (PAR)
- Letter of medical necessity

Medical Necessity

- Accepted standard of medical practice
- Clinically appropriate type, frequency and duration
- Not for convenience of child, parent, provider

Problems with Medicaid

- 12 month eligibility as long as still qualify
- If a family member applies for another program, could loose eligibility temporarily
- Takes 2-4 months from date application is received to be fully enrolled
- CBMS      -Churn      -Reimbursement

Private Pediatric Practice

- Cost per patient visit - Average - \$70 Range - \$60-90
- Medicaid reimbursement per patient visit Average - \$45
- Medicaid HMO reimbursement per visit Average - \$60

Case #3

A family calls your practice to bring the children in for illness care:

Father has been out of work, but has just gotten an entry level job at Wal-Mart. Mother has MS and stays home with the 2 children. How will their care be paid for?

**CHP+ - (Child Health Plan Plus)**

- Children age 18 and under
- In families that earn or own too much to be eligible for Medicaid
- At or below 200% of the FPG
- Colorado Resident
- US Citizens or permanent US residents who have had an Alien Registration Number for at least 5 years (Exceptions: refugees, deportees, asylees, Cuban-Haitians, and American Asians)
- Phone - 800.359.1991

CHP+ Also Provides Prenatal Care

- Age 19 and over
- Not eligible for Medicaid
- Living in a financially qualified Colorado residents
- US citizens or permanent US residents who have had an Alien Registration number for at least 5 years (there are certain exceptions to this, including refugees and asylees)
- Not covered by any other health insurance

Annual fee – up to \$35 a year

Co-pay

- None for preventive care
- \$1-5 for illness care
- \$3-15 for urgent or emergent care

CHP+ / Benefits

- |                        |                                    |
|------------------------|------------------------------------|
| -Preventative Care     | -Labs and X-Rays                   |
| -Prenatal Care         | -Mental Health                     |
| -Transplant Services   | -Prescription Drugs                |
| -Surgery               | -Therapies                         |
| -Medical Office Visits | -Emergency Care and Transportation |
| -Vision and Audiology  | -Durable Medical Equipment         |

Case #4

The father in a family in your practice owns his own business and makes just enough to not qualify for Medicaid or CHP+, but cannot afford health insurance.

His 6 week old needs to be admitted for bronchiolitis and hypoxia

**Colorado Indigent Care Program (CICP)**

- Provides partial reimbursement to providers for offering medical care to eligible underinsured and uninsured residents.
- Administered by Colorado Department of Health Care Policy and Financing (HCPF)
- Not** a health insurance program
- Services restricted to participating hospitals and clinics throughout the state.
- Medical services vary by participating health care provider. Responsible physician determines what services will be covered.
- Services include (not limited to) emergency care, inpatient care, outpatient care, and prescription drugs.

CICP Eligibility

- Local hospitals and clinics enroll families into the CICP.
- Technicians complete the applications.
- Colorado residency (or migrant laborer) and a U.S. citizen
- Income and asset requirements at or below 185% of the Federal Poverty Level (FPL), **and cannot be eligible for Medicaid.**
- There are no age limitations for CICP eligibility.
- Can have Medicare or other commercial health insurance policy, but these policies **must** be exhausted before CICP reimburses the health care providers.

Assigned a "rate" based on total income and resources.

***Ratings cover services that were received up to 90 days prior to your application.***

Rating determines how much co-payments will be for the year.

**CICP Co-payment Cap**

Never have to pay more than 10% of family income in a 12-month calendar period.

Family is responsible for keeping track of the co-payments and letting the provider know once the family has reached the 10% co-payment cap

CICP Documentation

State of Colorado drivers license or state identification card

Proof of immigration status

Copies of last months' paycheck stubs

Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) award letter

Payments from pension plans

Payments from Aid to the Needy and Disabled (AND) or Old Age Pension (OAP)

A copy of your Medicare or health insurance card

Vehicle value for all of your vehicle(s)

Other income sources

Non-CICP medical/pharmacy/dental expenses

### Access to Health Care

Case #5

You are on the pediatric indigent care list for your community hospital:

You see a newborn whose mother is on Medicaid.

Your practice has a policy of not accepting Medicaid patients.

The baby is 48 hours old and the mother is being discharged from the hospital

You tell the mother to have her child seen in the next 3-4 days for follow-up.

The mother calls your office later in the week saying she cannot find a practice that will accept her baby.

January, 2005 Survey

Accepted Medicaid or CHP+ children

- 22% of Colorado pediatric practices
- 15% of Colorado family practices

In Colorado 140,000 Medicaid/CHP+ eligible children in Colorado do not have an assigned, consistent source of primary health care.

In metro Denver 75,000 Medicaid/CHP+ eligible children in Metro Denver do not have an assigned consistent source of primary health care.

Colorado has very good public clinics, but there are too few to meet this need.

Why don't private practices accept Medicaid and CHP+ children?

Poor reimbursement (85%)

Poor access to mental health services for child and mother (76%)

Hassles: claims, enrollment, enrollment verification, maintenance of enrollment, authorizations and referrals. (75%)

Need access to financial counseling (73%)

Practices need an experienced social worker (73%)

Need case management (59%)

Low vaccination rates, inadequate records. (55%)

After-hours telephone care (50%)

Lack of transportation (50%)

### Colorado Children's Healthcare Access Program

#### Mission

To develop, implement and evaluate sustainable and replicable models of health care to encourage and enable private practices to provide high quality, cost effective health care for children of low income families throughout Colorado.

#### **Funded by**

Health ONE Alliance

Rose Community Foundation

Colorado Trust

Caring For Colorado

Piton Foundation

Community Child Health Foundation

Pioneer Fund

Amer Chair at Children's Hospital

**In kind support:**

Colorado Department of Health Care Policy and Financing (Colorado State Medicaid)  
Colorado Access  
The Children's Hospital  
University of Colorado School of Medicine, Dean's  
Colorado State Department of Health  
Colorado Health Institute  
Colorado Health Outcomes Program  
Colorado Chapter of the American Academy of  
Behavioral Health Incorporated and Foothills Behavioral Health  
Denver Samaritan Counseling Center is  
Department of Child Psychiatry, University of Colorado School of Medicine.  
Colorado Community Health Network  
Division of Community Pediatrics of the University of Colorado School of Medicine  
Division of Epidemiology of the University of Colorado School of Medicine

**Surveys in November of 2004 and January 2005,**

Eighty-five percent of Colorado pediatricians  
if the barriers are adequately addressed  
willing to devote up to 10% of their practice

If all private practice pediatricians  
and 1/2 of the family physicians in Colorado  
devoted 10% of their practices to Medicaid, CHP+ then all children in  
Colorado could have PCP

**CCHAP data - If Medicaid child has PCP:**

ED utilization reduced 2 ½ times  
Hospitalization reduced by 40%  
Cost of care reduced 2 times  
Immunization rates doubles  
Quality of care improves

For more information regarding CCHAP

Steve Poole, MD

[Poole.steven@tchden.org](mailto:Poole.steven@tchden.org)

303-861-6004